



Hawaii Regional CG Retiree Council Newsletter

08 May 2013



QUARTERLY COUNCIL MEETING, WEDNESDAY 08 May 2013

Our next quarterly meeting is at 1900 on **Wednesday 08 May** at Club 14. Normally the meetings are held the second Wednesday of the second month of each quarter. We usually complete any business within an hour preceded and followed by a social adjustment period. Let us know if you are not a regular attendee but have an idea or two that might make you more inclined to join.

OUR WEBSITE

It is straight forward and has a link to forward any questions to Rod and Tom. Our newsletter is attached to the site so that it can be opened and viewed. Website: <http://www.uscg.mil/d14/cmd/assoc/rc/> Pass it on to your friends and fellow retirees!

EMAIL

If you know of any retiree with an e-mail and would like to receive this please have them get a hold of Rod or Tom and we will set you up. If you want to get a message out to everybody on our email list, please send it to Tom or Rod who will, if it's "politically correct", relay it to all hands as blind copies. You can call Tom @ 672-9065 (home) or 221-3274 (cell). Please leave a message if I don't pick up.

CROSSING THE BAR

Ed McCauley passed on to us that CWO 4 Norman Peleholani passed away Saturday, 09 Feb 2013. I received no more information. On the 25th of April Gus Mac Freeley passed on the following: Perhaps you don't know that the gentleman killed on Kunia Road last week was ET1 Steve Lewis, USCG (ret). Steve was one of the best LORAN transmitter technicians I ever met in all my years of LORAN duty in the 14th District. He spent two years at LORSTA Kure Island and was the last one out! Steve worked for me again as a VLF transmitter technician at Lualualei when we both worked for BAE SYSTEMS. Apparently Steve was travelling between his mid watch there and a second job he was doing for the USCG COMMSTA (NMO), maintaining their SRSAT System. He was dealing with the FLU without taking time out to rest, probably blanked out while trying to drive up Kunia Road after a typically long night shift. Guess we need to know when we are too old to keep up the hectic pace. May God give him fair winds and following seas. Claire F. (Cote) Manning, of Arlington, WA April 23, 2013 wife of the late RADM Alfred P. Manning, USCG has died. RADM Manning was D14 district commander from 1985 to 1987. Relatives and friends invite to attend her funeral Mass at St. Eulalia's Church, 50 Ridge St., Winchester on Tuesday April 30 at 10 am. Burial will be in the Arlington National Cemetery. In lieu of flowers donations may be made to One Fund Boston, Inc., 800 Boylston St. #990009, Boston, MA 02199, www.onefundboston.org, or to a charity of choice. To leave an online condolence visit www.keefefuneralhome.com

If you know of any local retirees or retiree spouses who are sick or have passed away, please contact: Tommy Dutton Council Co-Chair's DuttonM003@Hawaii.RR.Com or Rod Schultz, schultz369@gmail.com

QUESTION ON RETIREE DEATH NOTICES on PSC Website

Our website has been updated to provide a monthly listing of retirees who have crossed the bar. The first list was posted this month. You will find this information on the RAS website, left hand side of the page under TAPS. <http://www.uscg.mil/ppc/ras/>

D14 CHANGE OF COMMAND

RADM Charlie Ray will be relieved by RDML Cari Thomas as Fourteenth District Commander in a change of command ceremony at Base Sand Island on Friday, May 24th at 1000. RDML Thomas is currently stationed at USCG Headquarters. RADM Ray will be transferring to Alameda, California as Deputy Pacific Area Commander.

Department of Defense extends TRDP contract

The TRICARE Management Activity (TMA) of the Department of Defense has extended the current TRICARE Retiree Dental Program (TRDP) contract – which runs from October 1, 2012 through September 30, 2013 – to continue through December 31, 2013.

The contract extension brings no change in premiums or scope of benefits. However, the annual maximum for enrollees in the Enhanced program will be increased to \$1,500 for this period. Those in the Basic program will see their maximum increase to \$1,250. And, although the maximums are being INCREASED for the extended period, enrollees will NOT be asked to pay a higher deductible.

These changes were implemented April 1. If you had already reached your maximum for the year, please have your dentist resubmit your claim(s) that were not made due to exceeding the maximum.

Delta Dental also will serve as administrator of the new five-year TRDP contract, which will begin January 1, 2014.

The TRDP, authorized by Congress as part of the National Defense Authorization Act for fiscal year 1997, offers affordable dental benefits as a voluntary option to the nation's 5 million-plus Uniformed Services retirees and their family members. With current enrollment of more than 1.3 million, the TRDP is the nation's largest voluntary, all-enrollee-paid dental programs.

The TRDP will continue as a worldwide, combined fee-for-service/preferred provider program that offers enrollees access to any licensed dentist in all 50 states, plus the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, Canada and overseas.

Thank you and If you have any other questions or need any assistance, please call Joe Montoya at 715-824-2940 or e-mail him at jmontoya@delta.org.

VA Launches Hotline to Answer Questions on VA Health Care and Benefits for Women Veterans

1-855-VA-WOMEN (1-855-829-6636)

WASHINGTON – The Department of Veterans Affairs has launched a new hotline — 1-855-VA-WOMEN — to receive and respond to questions from Veterans, their families and caregivers about the many VA services and resources available to women Veterans. The service began accepting calls on March 27, 2013.

“Some women Veterans may not know about high-quality VA care and services available to them,” said Secretary of Veterans Affairs Eric K. Shinseki. “The hotline will allow us to field their questions and provide critical information about the latest enhancements in VA services.”

The hotline is staffed by knowledgeable VA employees who can provide information about benefits including health care services for women. Callers can be linked to information on claims, education or health care appointments as well as information about VA cemeteries and memorial benefits. Staff can answer urgent questions and provide referrals to homeless and mental health services as well as provide Vet Center information.

Women make up nearly 15 percent of today's active duty military and 18 percent of National Guard and Reserve forces. The population of women Veterans using VA benefits including health care is growing rapidly. Since 2000, the number of women using VA health care more than doubled, from nearly 160,000 in 2000 to more than 354,000 in 2012. Based on the upward trend of women in all branches of service, the number of women Veterans—and female VA users—will keep climbing.

VA is committed to making improvements for the growing population of women Veterans, including the way it communicates with them. In 2010, VA established an outbound call center to contact women Veterans and encourage them to enroll in VA health care.

“In VA health care alone, women constitute only 6 percent of VA patients, but those Veterans have a high perception of the quality care they are receiving,” said Irene Trowell-Harris, director of VA's Center for Women Veterans.

“Many women who served don't self-identify as Veterans and therefore don't think they qualify for VA benefits. We need to correct existing misinformation and misperceptions so we can serve more women Veterans with the benefits they've earned.”

Women Veterans are entitled to apply for the same benefits as their male counterparts, which include health care and pharmacy benefits as well as education benefits, disability compensation, home loans, employment assistance and more. The hotline (1-855-VA-WOMEN) joins numerous other VA hotlines that provide critical information and assistance to Veterans, such as those for Veterans in crisis and in danger of becoming homeless. Veterans can also receive information and apply for benefits online at VA's www.eBenefits.va.gov and manage their health care at MyHealtheVet.va.gov.

<http://www.womenshealth.va.gov/WOMENSHEALTH/wvcc.asp>

Potential Fraud on VetSuccess.gov

Tue, 23 Apr 2013

The Department of Veterans Affairs has recently been notified of potential fraudulent attempts to contact Veterans using VetSuccess.gov. These individuals may be operating under company names such as Auto-Desk, Venus Remedies, or Aesculap Implant Systems. Be aware that these are potential fake inquiries, and you should not communicate with or send any information to these individuals.

If you are contacted by an individual or company that is requesting to communicate with you through a suspicious communication method, do not communicate with these individuals. If the individual or company has communicated with you through a suspicious email, do not click on any links in the email, and do not provide any personal information to the individual. If you suspect that you may be victim of these suspicious activities, please contact the VetSuccess.gov team at 202-461-9600.

Do not share any of the following information with these companies or any other suspicious party:

Social Security Number or other National Identification Number

Driver's License Number

Bank Account Information

Credit Card Information

Passwords

Date of Birth

Please be mindful of the information you share with individuals or a prospective employer until you are confident that the employer and employment opportunity are legitimate. If you suspect that you may be victim of fraud as a result of these suspicious activities, please contact the VetSuccess.gov team at 202-461-9600.

VetSuccess.gov continues to make every effort to prevent this type of abuse. If you have received a suspicious email, phone call, text, or fax, please report these activities to the VetSuccess.gov team at vetsuccesstech.vbavaco@va.gov.

Curtis L. Coy

Deputy Under Secretary for Economic Opportunity

Veterans Benefits Administration

U.S. Department of Veterans Affairs

Obama Budget: Increase TRICARE Fees and Cap Pay

Apr 11, 2013

Tom Philpott

Obama Budget: Cap Military Raises, Hike Retiree Health Fees

Trying once more to get military compensation costs "under control," the Obama administration has asked Congress to cap annual active duty and reserve component pay raises, and to phase in over four years a complex formula for raising TRICARE fees on retirees of all ages and their families.

The five-year budget plan unveiled Wednesday proposes that annual pay raises be held at one percent from 2014 through 2016 and be raised to 1.5 percent in 2017 and to 2.5 percent in 2018, said Robert Hale, the Department of Defense's under secretary and comptroller.

The first year's pay cap alone, which would trim just eight-tenths of a percentage point off a scheduled 1.8 percent increase to match of private sector wage growth, would save \$540 million in 2014 and \$3.5 billion through 2018, officials said.

As in years past, the administration seeks to cut health costs by having retirees and families pay more under all three options of TRICARE.

Here are details of these proposals:

TRICARE Prime – The current family enrollment fee of \$539 for working-age retirees (under age 65) would increase next year to equal 2.95 percent of the individual's gross retired pay. But for 2014 the fee would be subject to an annual minimum, or floor, of \$548 and a ceiling of \$750 (\$900 for flag officers). The fee would be raised to 3.3 percent of gross retired pay in 2015 with a floor of \$558 and ceiling of \$900 (\$1200 for flag); 3.65 percent in 2016 with floor of \$569 and ceiling of \$1050 (\$1500 for flag); and so on until reaching 4 percent of gross retired pay in 2018 with a floor of \$594 and ceiling of \$1226 (\$1840 for flag).

Fees for single coverage would be half these amounts.

TRICARE Standard/Extra – For the first time, users of these options would face an annual enrollment fee, starting at \$70 for single coverage or \$140 for family, and rising each year until reaching \$125 (individual) and \$250 (family) in 2018. Also, the current annual deductible of \$150 (individual) and \$300 (family) would gradually increase, starting in 2014 and until it reached \$290 (individual) and \$580 (family) in 2018.

Adjustments – After 2018, all TRICARE enrollment fees, floors and ceilings, and deductibles for retirees would climb yearly by the same percentage increase of cost-of-living adjustments (COLAs) for military retired pay to keep pace with inflation.

TRICARE for Life – Beneficiaries 65 and older can use TRICARE for Life as a golden supplement to Medicare. Officials said a comparable individual policy in 2009 would cost \$2100 in the private sector. So, they reason, military elderly should at least pay a small enrollment fee. But these changes would be grandfathered to impact only retirees who become TFL beneficiaries after enactment.

The fee would equal one half of one percentage point of gross retired pay in 2014; one percent in 2015; 1.5 percent in 2016, and two percent in 2017 and in 2018. But the fees would have ceilings: no more \$150 a year in 2014; no more than \$300 in 2015, \$450 in 2016, \$600 in 2017 and no more than \$618 in 2018. Flag officers would face higher ceilings though not substantial. After 2017, these fees would be adjusted by the percentage of retiree COLAs.

Pharmacy Fees – The administration wants to follow last year's increases in pharmacy co-pays with additional increases phased in to encourage greater use of mail order and generic drugs.

Catastrophic Cap – The current cap on total out-of-pocket costs TRICARE costs of \$3000 a year would be raised for retirees in two ways: by excluding any TRICARE enrollment fees from counting toward the cap; and by raising the cap annually by the percentage of retiree COLA.

Officials hope tying the size of fees to level of retired pay will soften resistance in Congress. Also, this year's plan would exempt from any fee increases the survivors of members who die on active duty and persons medically retired from service. And the department no longer is asking that TRICARE fees be adjusted annually based on medical inflation. That concession to use retiree COLAs instead might be less than it appears. The Obama budget proposes, as part of a larger debt-reduction deal, that all federal COLAs, including for social security, veteran benefits and retirement plans, switch to a "chain" Consumer Price Index to measure inflation. This CPI would save the billions of dollars annually by shaving every COLA by a fraction of a percentage point.

Obama's support for it is conditional; Republicans must agree to close some corporate tax loopholes and to raise taxes on the wealthy. Still, Obama support of chain CPI has drawn fire from some Democrats and liberals in Congress. Sen. Bernie Sanders, an independent from Vermont who chairs the veterans affairs committee, added language to the Senate's non-binding budget resolution to oppose it. If the chain CPI is adopted, said Sanders, "veterans who started receiving VA disability benefits at age 30 would have their benefits reduced by \$1,425 [a year by] age 45."

In unveiling the 2014 defense budget request, Defense Secretary Chuck Hagel said the smaller pay raises and TRICARE changes would save \$1.4 billion next year and \$12.8 billion over just five years. The TRICARE changes, he said, would "bring the beneficiary's cost-share closer to the levels envisioned when the program was first implemented."

In 1996, officials said, retirees covered 27 percent of total TRICARE costs with enrollment fees, deductibles or co-payments. Today, their out-of-pocket costs cover only 11 percent.

Asked to recall how hard it was to vote for higher TRICARE fees when he was a senator, Hagel said times are different now. When he left Congress in 2009 the global financial crisis was just beginning. Today, the Department of Defense is struggling with \$41 billion in automatic cuts this year from budget sequestration. It faces \$500 billion in more cuts over the next decade if the administration and Congress can't partner on a solution.

The \$527 billion defense budget for 2014 assumes that a large debt-reduction deal is reached and sequestration ends. The defense share of the deal would be \$150 billion in cuts over the decade versus \$500 billion under sequestration. If slowing compensation growth isn't as part of that \$150 billion cut, Defense officials said, deeper force cuts are inevitable.

Let your elected officials know how you feel about these proposed TRICARE fee increases. Obtain contact information for your elected official at <http://www.usa.gov/Contact/Elected.shtml>

COMMENTS:

To View/post comments about this article, please go to <http://www.military.com/benefits/2013/04/11/mil-update-obama-seeks-to-cap-pay-and-up-tricare-fees.html?ESRC=retiree.nl#jivepostlink>. You may also comment by writing to Military Update, P.O. Box 231111, Centreville, VA, or email milupdate@aol.com or twitter: Tom Philpott @Military_Update

SOURCE: Military.Com article at <http://www.military.com/benefits/2013/04/11/mil-update-obama-seeks-to-cap-pay-and-up-tricare-fees.html?ESRC=retiree.nl>

NOTICE: Mailing list archives, subscription/unsubscription and other useful information are available on the **LINKS FOR MIL\RET\VETS** website at <http://www.hostmtb.org>

The Case Against Pay Caps, Higher TRICARE Fees

Apr 25, 2013

Tom Philpott

'Pros' Make Case Against Pay Caps, Higher Tricare Fees

Military folks upset by Obama administration proposals to cap pay raises, to phase-in sharply higher co-pays on prescriptions filled off base and to raise TRICARE costs on working-age retirees also tend to rail against such changes with arguments politicians can shrug off as stale or in error.

Two examples from the flood of feedback to recent columns are:

-- "We were promised free health care for life" and

-- "Before Congress votes to raise fees on those who secure our freedoms they should first pay more for their own health care."

The flaw of the first is that "free lifetime" care promises were made to older generations and not to working-age retirees who are the main targets of proposed fee hikes. Also, federal appellate courts ruled a decade ago that benefits promised by recruiters or even commands at time of reenlistment aren't legally binding for the government if not backed by federal statute.

To the second popular argument, U.S. senators and representatives have the same health insurance as federal civilian employees so they already pay higher premiums -- as they should -- than do military folks, and their premiums increase annually with overall health costs.

But far more effective arguments against compensation curbs are being made by representatives of The Military Coalition, an umbrella group of associations and veteran groups, who last Wednesday testified before the Senate armed services' subcommittee on military personnel.

Their talking points still seem to resonant with lawmakers even as government functions get squeezed by a debt crisis and frightened politicians avoid hard choices by using the automatic pilot of budget sequestration.

Though only several senators heard their points this day, coalition reps will continue to make them privately to key lawmakers and congressional staff. Still, it will be a Herculean task to avoid pay caps and higher TRICARE fees, certainly if lawmakers refuse to reach a debt deal to end sequestration. The Obama defense budget request for 2014 doesn't even reflect \$52 billion in deeper cuts that would occur if sequestration were not repealed.

Kathleen Moakler with National Military Family Association warned the subcommittee that because of sequestration, and a recent six-month delay in passing the fiscal 2013 defense appropriations bill, "military families now doubt our nation's leaders' commitment to supporting their service."

Steve Strobridge, a retired Air Force colonel who retires again this month, from Military Officers Association of America, after 19 years of hardnosed advocacy for troops, challenged the contention of multiple defense secretaries that personnel costs, particularly for TRICARE, are out of control.

"Claims of exploding military health costs cite growth since 2001 as if that were a reasonable starting point. But it's not," he told the subcommittee. "Congress enacted TRICARE for Life in 2001 to correct the ejection of older retirees from military health care in the six years before that. There was a spike as they returned to coverage in 2002 and 2003. But the cost growth has actually been declining ever since."

He argued that personnel costs "are the same share of the defense budget -- a little less than a third -- that they've been for the last 30 plus years. In fact the Department of Defense has used the health account as a cash cow to fund other needs, diverting \$700 million in surplus funds last year and \$2.5 billion over the last three years."

Military health benefits are excellent and carry lower fees into retirement because members paid "in-kind" premiums civilians don't face over many years of dangerous and arduous service, Strobridge said.

He suggested Defense officials refuse to end waste in the health system, such as operating separate medical commands for the Army, Air Force and Navy, because it's politically difficult, and instead find it easier to propose that beneficiaries pay more for their care.

Sen. Tim Kaine (D-Va.) challenged the coalition's opposition to proposals to means test the level of TRICARE fees based on rank at retirement. Strobridge refused to budge, arguing that means testing is appropriate for welfare payments but not benefits earned through service.

For the coalition, Joe Barnes with Fleet Reserve Association argued that current service members deserve a full 1.8 percent pay raise in January to match private sector wage growth versus a one percent federal pay cap proposed by the administration. He warned against returning the military to an era of pay gaps and retention challenges last seen in the late 1990s.

"Pay comparability is directly related to long-term readiness," he said.

Marshall Hanson with Reserve Officers Association had perhaps the hardest task, arguing for new initiatives to address “benefit parity issues” for Reserve and Guard forces compared to active duty colleagues.

Drilling reservists, for example, earn a Reserve GI Bill education benefit valued at 11.5 percent of the Post-9/11 GI Bill, Hanson said. Also, Reserve and Guard members deployed for war can lower the age at which they retire. But a glitch in law makes these members lose months off the calculation if their deployment period spans the start of a new fiscal year. At the same hearing, Defense Department witnesses defended the pay caps and TRICARE fee increases as necessary in tight budget times to keep smaller defense budgets “in balance” and protect readiness.

Key lawmakers sent mixed signals. Sen. Kirsten Gillibrand (D-N.Y.), subcommittee chair, said she remains “very skeptical about increasing costs for military members and veterans.”

But Sen. Lindsey Graham (S.C.), ranking Republican, suggested he could support fee increases if they made TRICARE more sustainable.

“Because if it’s not sustainable, it’s a false promise,” said Graham. He said he wants to avoid a situation where retiree health care costs and a shrinking defense budget lessen the capabilities of active duty forces.

CORRECTION: In my column two weeks ago, describing the proposed TRICARE fee increases, I made a significant error of omission. The TRICARE for Life (TFL) increases, if adopted, would impact only those retirees who age into TFL benefits after enactment of the law. That grandfathering protection, by the way, would not apply to higher prescription fees described last week.

To comment, write Military Update, P.O. Box 231111, Centreville, VA, or email milupdate@aol.com or twitter: Tom Philpott @Military_Update.

To post\view comments about this article, go to <http://www.military.com/benefits/2013/04/25/mil-update-case-against-pay-caps-higher-tricare-fees.html#jivepostlink>

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